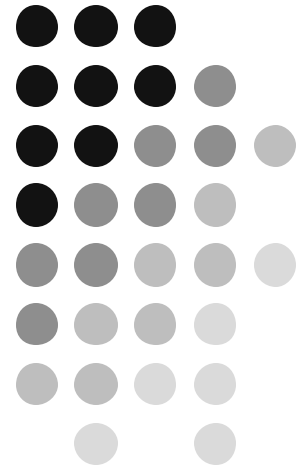
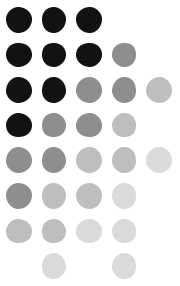


# **Medicaid Funds for** **HCAP Grantees**

Sustaining your programs by  
partnering with Medicaid

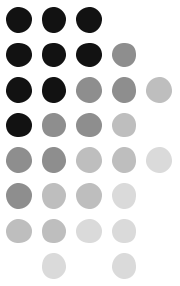


# Medicaid: a Federal, State Partnership



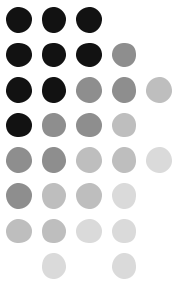
- Feds, states share cost of operating Medicaid
- Feds pay from 50% - 75%
- Administrative costs are shared at the same rates in all states: usually 50/50
- Feds permit the state's share of Medicaid to come from other public entities
  - Counties, cities, school districts, hospital districts, health districts, fire districts...
  - Public entities' revenues can come from fees, grants, taxes

# Why You Need Medicaid

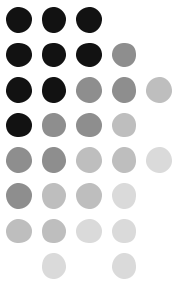


- Medicaid is where the money is
- Medicaid serves your clients
- Medicaid needs your help to carry out its mission
- Medicaid is available over the long-term
- System change: look up stream!

# Why Medicaid Needs You

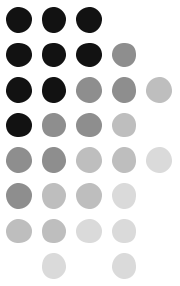


- Help enrolling under-served populations
- Ability to expand provider network and create new health resources
- Ability to manage high cost clients, conditions
- Create data the state needs
- Pilot innovations



# **Bold Medicaid Moves**

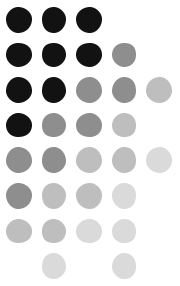
- Extend Medicaid eligibility to cover higher incomes, to cover special populations, to cover non-categorical (single, childless) adults
- Extend SCHIP eligibility to cover parents, higher incomes ( may be possible by county)
- Use DSH ( disproportionate share hospital) payments for indigent care
- Upper payment limit “schemes;” devote the money



# **More Bold Moves**

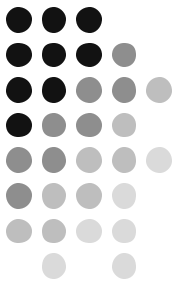
- Use DSH ( disproportionate share hospital) payments for indigent care
- Upper payment limit “schemes;” devote the money to Medicaid, SCHIP
- Contract with the State to operate Medicaid at a county or regional level: (COHS in CA)

# Leveraging Existing Funds



- CMS permits the state's share of Medicaid SCHIP funds to come from other taxing entities
- IF you are spending unleveraged public funds ( state, county, city, school, hospital)....
- Redefine Medicaid to include your services, your costs and use existing funds as the match ( this will require a government partner)

# **Tools for Accessing Medicaid for HCAP revenue**

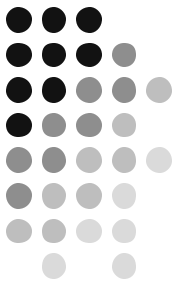


- Medicaid Administrative Claiming (MAA)
- Targeted Case Management (TCM)
- Federally Qualified Health Centers (FQHC)
  - State Qualified Health Centers

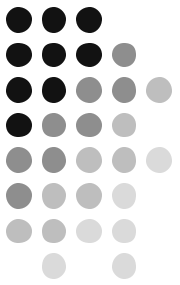


# **Medicaid Administrative Activities**

## **MAA**



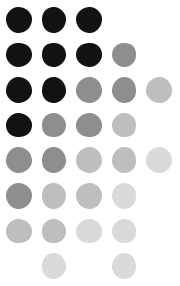
- Medicaid Administrative Costs shared 50/50 between the state (local), federal government
- No cap on administrative costs that can be claimed for Medicaid (10% limit on SCHIP)
- State can contract with others to help administer Medicaid, others can sub-contract



# **MAA: What is claimable?**

## **OUTREACH**

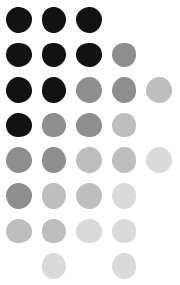
- Outreach for Medicaid or SCHIP coverage
- Assistance with enrolling
- Outreach for health care services
- Assistance with accessing care
  - Making appointments
  - Arranging or providing transportation
  - Interpreting
  - Coordinating care



# **MAA: What is claimable?**

## **PROGRAM PLANNING AND DEVELOPMENT**

- Planning for new or expanded health care services specifically or incidentally for Medicaid beneficiaries
- Planning for better coordination between systems
- Developing data for planning health care services

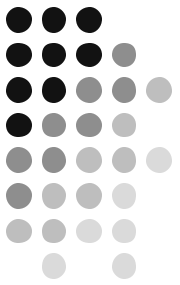


# How does MAA work?

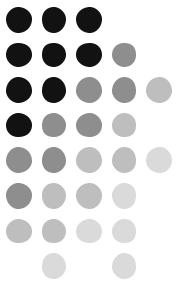
- The State enters into a contract with an entity to provide administrative services
- The contract specifies the basis for payment
  - Fee-for-service
  - Cost (based on time study)

State Medicaid pays the contract and claims 50% of its cost from CMS. May require you to pay or certify the state share of the cost

# What MAA is Not



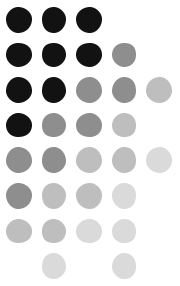
- It is not client based. Activities do not have to be done for a specific Medicaid client
- It is not a Medicaid health service: usually provided by staff who aren't billing for medical services
- It does not offer full reimbursement for allowable activities. Some are discounted by the % of Medicaid in the population served



# **Examples of MAA**

- Staff at WIC, Schools, Family Resource Centers, HCAP ask families about health care coverage and help them apply for Medicaid or SCHIP
- HCAP, county health department staff, school or other staff help clients to understand and navigate the health care system
- HCAP Coalitions work to create new dental services, improve coordination for mentally ill, design disease management programs

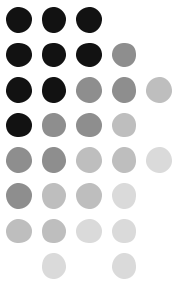
# Targeted Case Management or TCM



Helping Medicaid clients access a wide range of health and social services

This is a Medicaid service (not admin). Therefore federal match is state specific

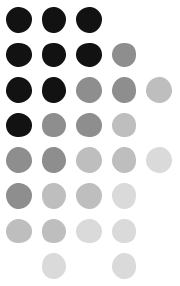
- Face to face encounters  
with
- Enrolled clients  
by
- Qualified providers  
who
- Document the service at the client level



# **TCM: What is Billable?**

- Assessment of needs
- Development of a service plan
- Information and referral to resources (health, housing, education, social, emotional, etc.)
- Coordination with providers, family
- Monitor outcomes from services and the plan
- Crisis planning

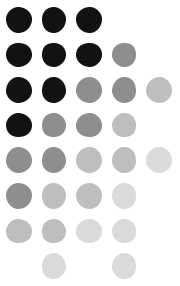




# How TCM Works

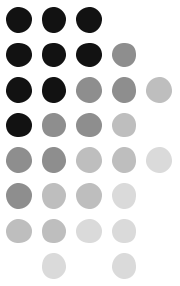
- Participation depends on having an approved TCM benefit in the State Medicaid Plan
- The State Plan specifies the TCM target populations, provider requirements
- Services can be limited to a geographic area: requirement for “statewide-ness” does not apply
- Providers bill on an encounter basis
- Reimbursement usually related to actual costs: ranges from \$7 to \$1,000

# What TCM is not



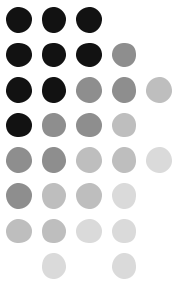
- Not the provision of a direct medical care service
- Not billable if it is part of a medical care service that is already being reimbursed by Medicaid
- Not usually a one time contact
- Not usually included in managed care capitation rates

# TCM Examples



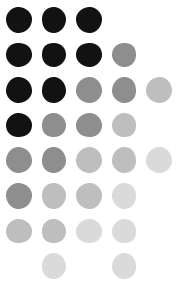
- Nurse home visiting to high risk women and children
- Mental Health Case Management
- Probation and Parole services to non-inmates
- Case Management for homeless persons
- Services to help the frail elderly stay at home
- Managing services for a client with TB or HIV

# Federally Qualified Health Centers: FQHCs

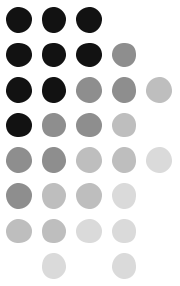


- States now pay FQHCs based on costs of Medicaid visits in previous years
- States have criteria for “rebasing”
- If your FQHC takes on new services (e.g. case management) or new cost for MIS, the state could raise the FQHC’s rate
- New FQHCs being created with new 330 grants

# **State Qualified Health Centers**



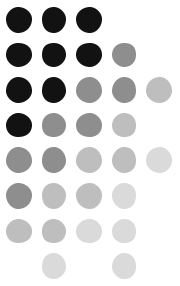
- FQHCs are federally created via the 330 or look alike process
- States can create their own special class of clinic provider and pay them cost-based rate too



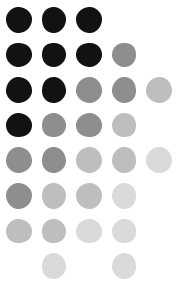
# **How FQHCs Work**

- Change the scope of the County Clinic FQHC to include psychiatry visits and pharmacy costs for County MH Clients (Santa Cruz CA)
- Have the FQHC provide Maternity Case Management or School Based Health and bill at FQHC rates (Multnomah Co. OR)
- DC Qualified Health Centers meet Medicaid's requirements and get higher billing rates

# How to get Started with Medicaid



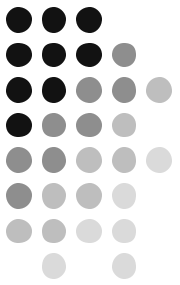
- Identify your contacts, your champions (Legislator, governor, hospital, association)
- Find out if Medicaid is currently paying for MAA or TCM: precedent is helpful
  - State MCH, PH or other health program managers
  - The state Medicaid plan
  - County health departments
  - Consultants, web sites, other providers
- Approach Medicaid: can they, will they help?



# **Possible Benefits to Medicaid**

- You can help to control costs
- You can help to improve outcomes
- You can help them “win friends” by being good partners with you
- You can pilot innovative approaches before they go statewide
- It doesn't have to cost them anything!

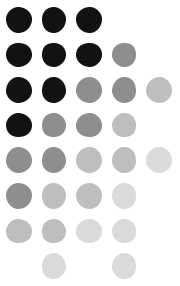




# **Words to the Wise**

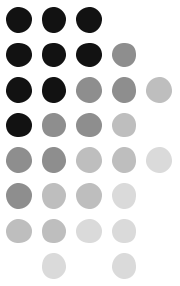
- State staff may need to be taught and coached
- If there is no precedent and state staff is not knowledgeable, get help!
- It takes time to develop this option, time for cash to flow. Start soon!
- There are staff costs to bill TCM or claim MAA, but they vary based on state model

# How much can we earn? Is it worth it?



- Are you already performing activities potentially reimbursable by Medicaid?
- What are you spending on those activities?
- Are you serving Medicaid clients? (does not matter for outreach)
- Administrative burden depends on your state program design and your infrastructure
- It's always valuable to understand Medicaid make state level contacts, advocate for services that matter!

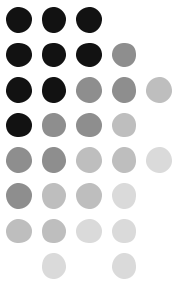
# Is it worth it?



- Knowledge is power: learn about Medicaid
- Contacts are power: connect with the State

It's always worth advocating to improve services, improve access, connect Medicaid to the communities

# **Partner with Medicaid:** **You can do it!**



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